

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 631
626
Registrar's No.

FILED FEB 24 1947 91

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Par Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 day
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME. Mary (Mozdzinski) Modzinski

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed
(b) Name of husband or wife. Frank Mozdzinski 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 17 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace. Poznan Poland
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business _____

12. Name Frank Malinkowski

13. Birthplace Chemno Poland
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace ? Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Gen. Modzinski

(b) Address 2415 Fall Avenue

17. (a) Burial (b) Date thereof Jan. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director General Funeral Home

(b) Address 2233 University Street

19. (a) FEB 20 1947 (b) J. F. Prudeck
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2415 Fall Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th. year 1942 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan. 18 to Jan. 18 1942 that I last saw h. er alive on Jan. 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia and diabetes

Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Frank Malinkowski (M. D. or other) _____

Address 4930 Limited St. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Frank Smith.
Park Lane Hospital

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Edward H. Bockhorst

Licensed Embalmer No.

2502

P. O. Address

Blayton Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.